INTEGRATING COMPLEMENTARY MEDICINE AND HEALTH CARE SERVICES INTO PRACTICE

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Abstract • Résumé

Complementary medicine and health care services constitute a significant proportion of the use of health care services in Canada, despite a history of limited acceptance of these therapies by the medical profession. However, physician attitudes appear to be changing. A survey of a random sample of general practitioners in Quebec (see page 29 of this issue) shows that four out of five general practitioners perceive at least one of three complementary health care services to be useful. Similar surveys of samples in Alberta and Ontario suggest that physicians there, although somewhat less enthusiastic than their counterparts in Quebec, have also begun to be more open-minded about these types of therapies. However, physicians have reported little understanding of complementary health care services, which suggests the need for more research on and education about these services. The Medical Society of Nova Scotia has responded to this need by establishing a Section of Complementary Medicine. The authors believe that fair, accountable, scientific and rigorous research on complementary therapies will benefit physicians and patients. The problems inherent in applying reductionist analysis to a holistic approach to care can be largely circumvented by focusing on outcomes research. In light of the popularity of these therapies, inquiry into patient use of complementary health care services should become a part of a complete patient history. This measure would promote greater patient–physician communication and integration of complementary health care services into patient care.

La médecine complémentaire et les services complémentaires de soins de santé représentent un pourcentage important de la consommation de services de santé au Canada, même si la profession médicale a toujours accepté ces traitements de façon plutôt limitée. Il semble toutefois que l'attitude des médecins commence à changer. Un sondage effectué auprès d'un échantillon aléatoire d'omnipraticiens du Québec (voir page 29 du présent numéro) indique que quatre omnipraticiens sur cinq croient à l'utilité d'au moins un de trois services de santé complémentaire. Des sondages semblables effectués en Alberta et en Ontario indiquent que même s'ils sont un peu moins enthousiastes que leurs homologues du Québec, les médecins de ces provinces ont aussi commencé à être un peu plus ouverts à ces types de thérapies. Les médecins comprennent toutefois peu les services de santé complémentaires : il faut donc pousser davantage l'éducation et les recherches sur ces services. La Société médicale de la Nouvelle-Écosse a répondu à ce besoin en créant une section de médecine complémentaire. Les auteurs sont d'avis qu'une recherche équitable, responsable, scientifique et rigoureuse sur les thérapies complémentaires sera bénéfique pour les médecins et les patients. On peut contourner en grande partie les problèmes inhérents à l'application d'une analyse réductionniste à une approche holistique des soins en concentrant les efforts sur la recherche relative aux résultats. Compte tenu de la popularité de ces thérapies, les renseignements au sujet de l'utilisation par les patients de services de santé complémentaires devrait faire partie des antécédents complets du patient. Cette mesure favoriserait une plus grande communication patient–médecin et une meilleure intégration des services complémentaires de santé dans les soins aux patients.

Integration of unconventional, complementary medical practices into standard, conventional practice appears to be gaining greater acceptance from the public as well as the medical profession. Although conventional and complementary health care services are based on different models of "wellness" (the state of optimal well-being) and disease, the two types of practice are now moving toward greater mutual understanding and professional accountability.

Any new or different medical paradigm may be considered threatening to conventional medicine (also referred to as "orthodox," "scientific," "modern," "Western," "mainstream" or "standard" medicine[1]). Some perceive complementary health care services as threatening because they

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question and challenge assumptions underlying prevailing medical thought. Yet the medical treatment of disease and the promotion of wellness through complementary health care services can coexist effectively.

Complementary health care services defined

Currently, there is a lack of understanding in the conventional medical community of the definition of "complementary medicine" and "complementary health care services," their delivery, the indications for which such services have demonstrated a benefit, their cost, the number of patients using such services and patient attitudes toward these services. Complementary health care services include a broad range of health care practices, referred to in conventional medical literature as "unorthodox," "holistic," "unconventional," "questionable" or "alternative" medicine.[2-6] Such services include, but are not limited to, acupuncture, chiropractic therapy, homeopathy, hypnosis, herbal remedies and nutritional therapy. Complementary health care services are offered by both physicians and nonphysicians.

In contrast, complementary medicine is offered solely by physicians. The general use of the professional term "complementary medicine" originated in England, through the British Medical Association.[7] In this article we refer mainly to complementary health care services in general, without specifying the type of practitioner offering them. Whether physicians are the best professionals to offer these therapies is an important research question; however, it is beyond the scope of this article.

Complementary health care services are most appropriately considered as therapeutic options that may be used in addition to conventional medical therapy. Medical disease and wellness are complementary in a model of the available conventional and complementary health care services. Complementary medicine practises both wellness and disease models, promoting and treating wellness coincident with the prevention and treatment of disease.[8] Complementary medicine and health care services are most often used by patients with chronic illnesses when standard surgical or drug interventions are poorly tolerated or have not resulted in the benefit desired by the patient.

Complementary health care is often mischaracterized as replacing or displacing conventional medical therapy through an "alternative" practice. It is incorrect to conclude that the patient and the physician face competing clinical choices: either alternative treatment or conventional treatment. Rather, complementary health care permits synergistic collaboration in treating many conditions. For example, hypnosis and nicotine patches may be used together in smoking cessation, chiropractic manipulation and nonsteroidal anti-inflammatory drugs may be combined in the treatment of low-back pain and acupuncture may be added to the treatment of postoperative ileus. Complementary health care offers additional clinical tools based on many scientific and healing models from around the world.

Furthermore, complementary health care services are not completely foreign to mainstream medicine. For example, in Nova Scotia such therapies are recognized as being within the realm of medical practice; the Medical Act defines medicine as including the practice of "homeopathy or osteopathy or systems different from that taught in the usual schools of medicine."[9]

Patient demand and physician perceptions

Results of a national poll conducted by the Canada Health Monitor in 1990 showed that approximately one-fifth of Canadians had used some form of complementary health care during a given 6-month period.[10] It also showed major differences in use among provinces. In Quebec and British Columbia, use of complementary health care services is more common (involving 22% of respondents) than, for example, in the Atlantic provinces (where 13% of respondents had used such services).

In this issue (see pages 29 to 35), Goldszmidt and colleagues report the results of a survey of general practitioners in Quebec concerning their opinions on chiropractic, acupuncture and hypnosis as well as their referrals for these services. They found that, although these physicians perceived their knowledge of complementary health care services to be minimal, 83% perceived at least one of the three complementary approachs as useful and 77% referred patients to physicians or to nonmedical practitioners for complementary health care services.

The discrepancy between perceived knowledge, on the one hand, and perceived usefulness and referring behaviour, on the other hand, has been shown in other studies as well.[11,12] One of us (M.J.V.) and Sutherland assessed the opinions and behaviour of a random sample of 84 general practitioners in Ontario and 118 in Alberta concerning many complementary health care services (chiropractic, herbal medicine, naturopathy, homeopathy, osteopathy, faith healing, hypnosis, reflexology and acupuncture). Acupuncture was found to be useful or very useful by 71% of the physicians surveyed, chiropractic by 59% and hypnosis by 55%. However, only 8% of physicians reported knowing a lot about hypnosis, 7% about acupuncture and 5% about chiropractic. There were no significant differences in perceived usefulness and knowledge among provinces. Sixty-five percent of physicians in Ontario referred patients to com-

plementary practitioners, compared with 44% of those in Alberta. The overall response rate (52%) was relatively low. However, by following up nonrespondents and comparing the age and sex distribution of the population with that of the sample, the researchers determined that the sample was fairly representative.[11,12]

The types of complementary therapy used by patients vary. Verhoef and Sutherland[13] found that the complementary therapies most commonly used by patients with HIV were herbal therapy, nutritional therapy and naturopathy. Herbal therapy and naturopathic treatment were also very commonly used by patients with gastroenterologic conditions.[14] These studies show the importance of studying patterns of health care use by different patient populations.

Patients seek complementary health care services for many reasons, according to several studies.[15,16] Factors affecting patient demand range from those that push patients away from conventional medicine, such as dissatisfaction with conventional care, to those that pull patients toward complementary health care, such as its holistic treatment philosophy or its encouragement of self-help measures. Disorders for which patients seek complementary health care treatment tend to be chronic ones, ranging in severity from mild to life threatening. Differences in the use and availability of complementary health care services may depend on such factors as the historical and political setting, medical community acceptance of such services and regional demand.[17]

Studies have also found that physicians' opinions about complementary health care services may deviate widely from patients' perceptions. For example, results of a recent study involving patients with cancer showed that toxic effects of complementary health care treatments were rare, although physicians believed them to be common.[5]

The evidence that physicians refer patients for complementary health care services yet know little about them points to the need for more education and research. Undergraduate and graduate clinical programs, as well as continuing medical education courses, could provide physicians with information about these services. Physicians could then make better clinical decisions concerning the use, benefit and safety of these services for their patients.

Given the growing popularity of complementary health care services, the opinions and behaviour of Canadian physicians should be further elucidated. How many Canadian physicians understand and accept complementary health care services and integrate them into their practices? Are there variations in these proportions, and why do they vary? How does the level of physician acceptance of these types of care in Canada compare with the high levels of acceptance in their colleagues in England, New Zealand, the Netherlands, Sweden and Germany?[18–22]

Creation of the Complementary Medicine Section

The Medical Society of Nova Scotia (MSNS), a provincial division of CMA and the provincial organization that formally represents physicians in Nova Scotia, established a Complementary Medicine Section in May 1994. Members of MSNS had engaged in thoughtful debate and discussion about the creation of the section, and its establishment was decided by a three-to-one majority vote of General Council.[23] This was the first official recognition by the medical profession in Canada of the need for greater understanding and cooperation between physicians practising conventional and those practising complementary medicine.

Creation of the section was based on the assumption that physicians who use complementary health practices have the same responsibility for accountability and ethical behaviour as all physicians. The section endorses the common clinical gold standard of proving beneficial outcomes through clinical research. To establish the accountability of complementary medicine within the medical profession, the section had to acknowledge the significant differences in the two treatment approaches — conventional and complementary medicine — that are based on different paradigms. The section promotes continuing research to assess how complementary practices contribute to patient well-being and improve outcomes.

Within the Section of Complementary Medicine five subspecialties are designated: environmental medicine, bioenergetic medicine (including acupuncture, electrodermal and allied therapeutic techniques), homeopathy and homotoxicology, nutritional and botanical medicine, and intravenous nutrition and detoxification therapy. The section's mandate is to promote and share information about clinical research on, education about and the practice of complementary medicine within conventional medical practice.

In Nova Scotia, the first government-sponsored clinic of complementary medicine offers treatment and research in environmental medicine. The Environmental Health Clinic, a government-funded complementary medicine clinic, is directly affiliated with the medical school at Dalhousie University. The clinic sets a precedent for conducting complementary-medicine research and offering complementary health care services within conventional medicine.

Outcomes Research

Complementary health care services are often criti-

cized for the lack of scientific evidence supporting them. It is sobering, however, to appreciate the lack of evidence for many of the practices used in conventional medicine. A survey of the efficacy of all conventional medical care conducted by the Office of Technology Assessment of the US Congress concluded "that only 10 to 20 percent of all procedures currently used in medical practice have been shown to be efficacious by controlled trial."[24] Thus, 80% of all conventional medicine is not based on controlled clinical trials.

There is an urgent need to establish and promote clinical research to assess outcomes of conventional and complementary health care services. Outcomes research will lead to a greater understanding of these services and must take a primary role in the evaluation of the therapeutic options available. Such research will also provide the evidence needed to resolve the misunderstanding and mistrust between some conventional and complementary physicians, on the one hand, and complementary health care practitioners, on the other.

Evidence supporting the therapeutic efficacy of some complementary approaches is only beginning, whereas evidence supporting other complementary health care areas is now reaching the mainstream literature. For example, despite the fact that the mechanism of action of homeopathic immunotherapy is not understood, three double-blind placebo-controlled trials, including one that reproduced the other two, showed that homeopathic preparations produced a beneficial physiologic effect not attributable to placebo.[25]

A major challenge in testing the effects of therapies is that current analytic evaluation methods do not lend themselves to complementary health care models. For example, there are significant differences between the two scientific models: the orthodox biochemical disease model (which involves linear–reductionist modelling) and the emerging bioenergetic wellness model (which involves nonlinear, multifactor modelling).[8] Standardization, randomization, isolation and control are difficult to apply to research on complementary health care because reductionist isolation of each variable destroys the holistic, nonlinear approach involved in complementary health care and fails to account for the unique aspects of each patient.[6]

Clinical outcomes research on conventional and complementary health care services should be used to determine which techniques work, how well, for which indications, within what timeframe, with what risk, at what cost and for how long. Rigorous scientific assessment of patient outcomes provides an appropriate and common end point for conventional and complementary therapies. Understanding of complementary therapies, and their integration into conventional medicine, necessitate further research. Participants in the health care system, including governments, medical institutions, research foundations and private industry, must increase funding for objective, open-minded and rigorous research on complementary health care services.

Physician–patient communication

In addition to documenting the need for greater research and education on complementary health care services, studies of such services strongly suggest that physicians must improve their communication with their patients concerning these services.[5,17] Most physicians are unaware that these services are so popular and that many of their patients are seeking complementary as well as conventional care.[17]

To maintain a good relationship with their patients, physicians need to understand which services their patients are receiving. An adequate medical history should include nonjudgemental enquiries about the use of complementary health care services, provided by physicians or other practitioners. This is important because complementary health care treatment may contribute significantly to the clinical picture. It will also help physicians to gain a greater understanding of the complementary health care services available to their patients who seek additional treatment. The understanding of complementary health care services within the conventional medical community will improve physician communication and cooperation with patients and with providers of complementary health care services.

Conclusion

As the medical profession progresses toward greater multidisciplinary cooperation, it needs improved policies and procedures for appropriate interprofessional communication, understanding, fairness and accountability in order to ensure patient safety and benefit. Greater access to education about complementary health care services and greater research into these services are needed as well. These could help physicians understand patient motivations in seeking such services and determine the effectiveness of these treatments. Physicians must acknowledge that patient choice is a critical factor driving the need for this cooperation.

As a result of the current popularity of complementary health care services, integrating such services into the health care system should be part of policy reform. Impartial, fair assessment of complementary health care services, and physicians who provide them, should also be integrated into physician peer review programs run by provincial licensing authorities and professional organizations.

Physicians must become familiar with complementary therapies, must inform their patients that they are avail-

able to discuss these methods, must be compassionate and nonjudgemental and must direct patients to appropriate sources of care and information. Most important, physicians must respect patient autonomy. All patients who use both conventional and complementary health care services deserve appropriate professional communication, collaboration and cooperation in their care in order to optimize their well-being.

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